ARMY MEDICINE
Serving To Heal...Honored To Serve

Integrated Disability Evaluation System (IDES)

NCOPD

11 December 2012

UNCLASSIFIED

Agenda

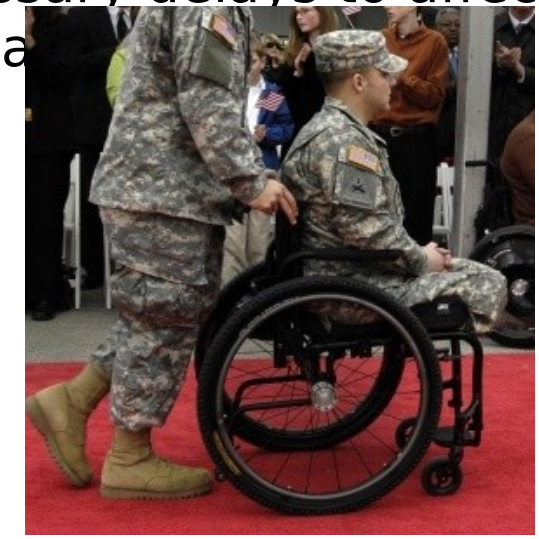
- Introduction to the Integrated Disability Evaluation System (IDES).
- Phases of the IDES.
- Ft. Hood unit IDES involvement.
- MED Tracker and weekly reports.
- Way ahead.
- Resources.

DA Vision

- Directive-Type Memorandum (DTM) 11-015: Established IDES superseding the legacy Disability Evaluation System. December 2011
- ALARACT 148/2011: Overview of the IDES, Pre-Command Course. April 2011.
- HQDA EXORD 080-12: Army Disability Evaluation System (DES) Standardization. Leading to OPORD 12-31 MEDCOM IDES. February 2012
- Annex O: Streamlines efficiencies in the IDES process. July 2012.
- Monthly VCSA VTC with each installation Army wide.

CRDAMC IDES Vision

- Provide each Soldier with quality medical care as they navigate the IDES process in an efficient and expeditious manner.
- Provide each Soldier and Family with all available information to help them make informed decisions throughout the IDES process to include access to an Independent Provider Review and Legal Counsel.
- Strive toward efficient and expeditious processing minimizing unnecessary delays to affect a focused RTD or life as a



IDES Process by Phase

In Treatment up to a Year

Referral Decision

Fitness Decision

Medical Evaluation Board (100 days)

Physical Evaluation Board (120 days)

Transition (45 days)

REFERRAL (10)

VACLAIM (10)

MEDICAL

MEDICAL BOARD (35)

PHYSICAL

(75)

TRANSITION

(45)

Planned Cycle time from Referral to Transition is 295 days

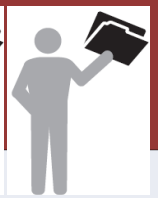
TREATMENT

BENEFITS (30 Days)

Service member in treatment up to a year

Clinician identifies condition that may render SM unfit for duty / Refers into DES

PEBLO counsels SM on IDES



VA counsels SM on benefits / SM identifies additional conditions / schedules exams

VA examines all conditions

MEB identifies all conditions that may make SM unfit for duty

PEB identifies conditions make the SM unfit

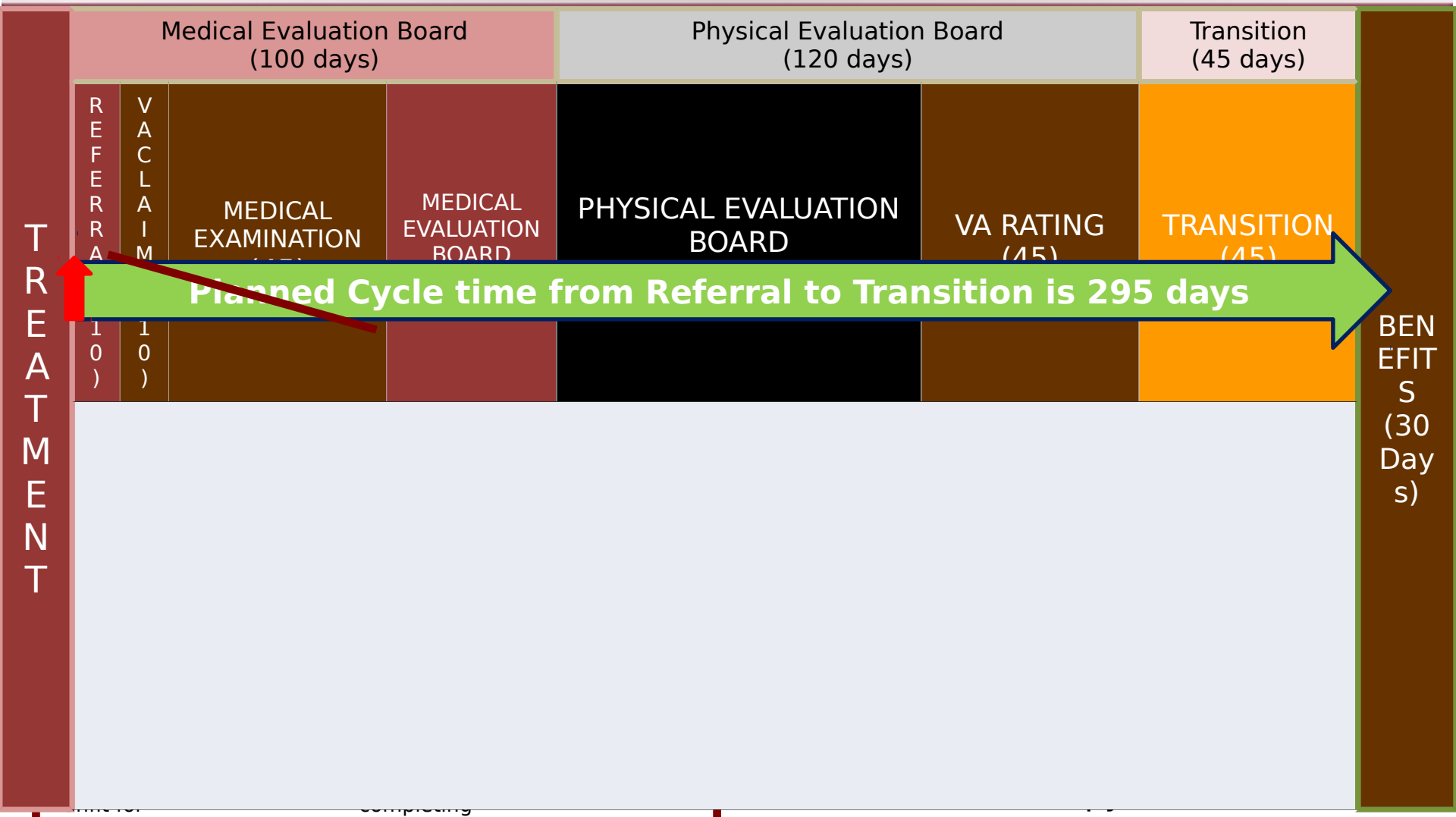
If unfit, VA rates unfitting as well as all other Service Connected conditions

PEB uses VA rating for unfitting conditions to determine Serv bene

SM receives DoD and VA benefits shortly after charge

Two ratings: one for unfitting conditions; one for all Service Connected conditions

Referral Stage (DoD)

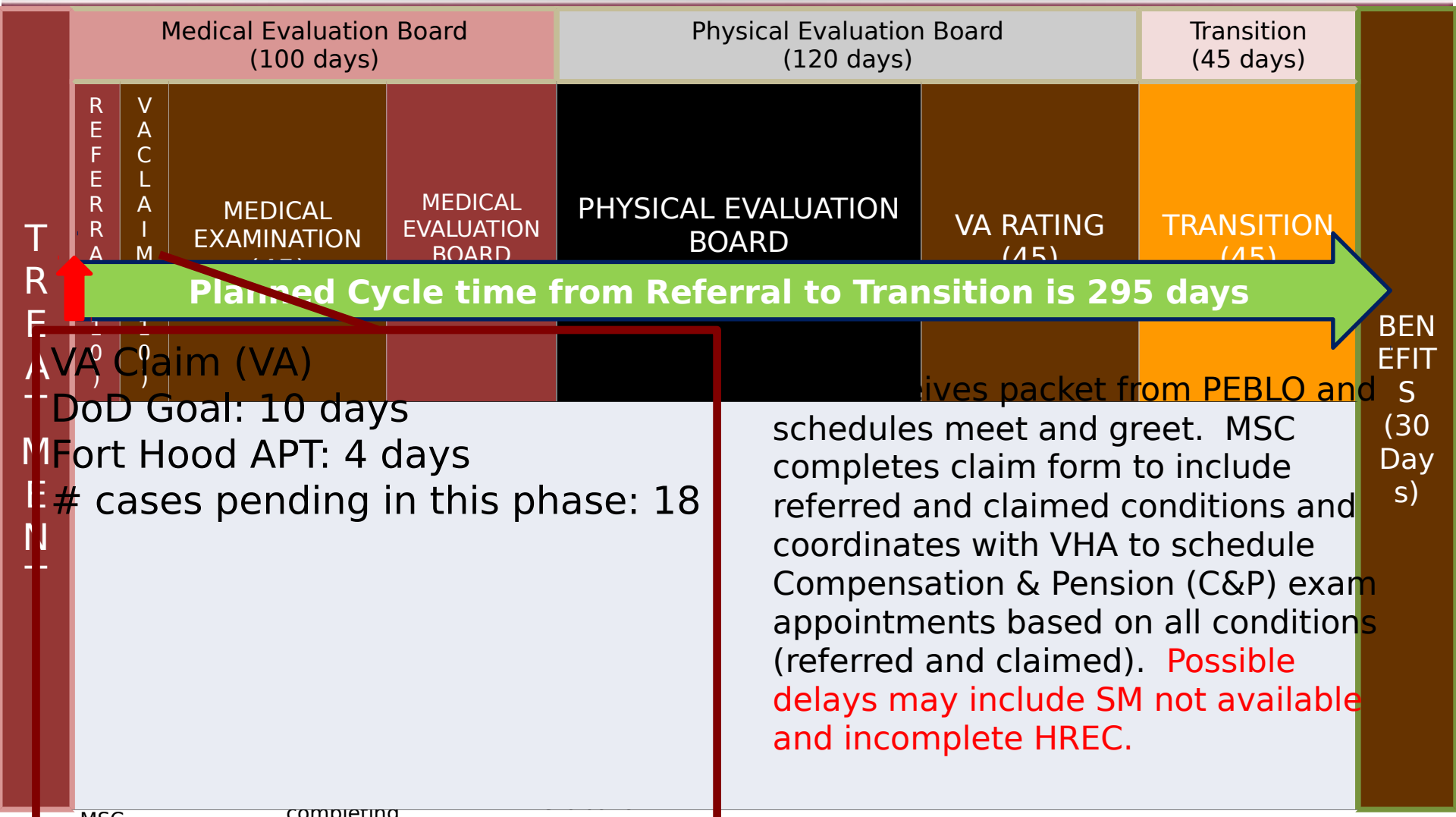


duty /Refers into IDES

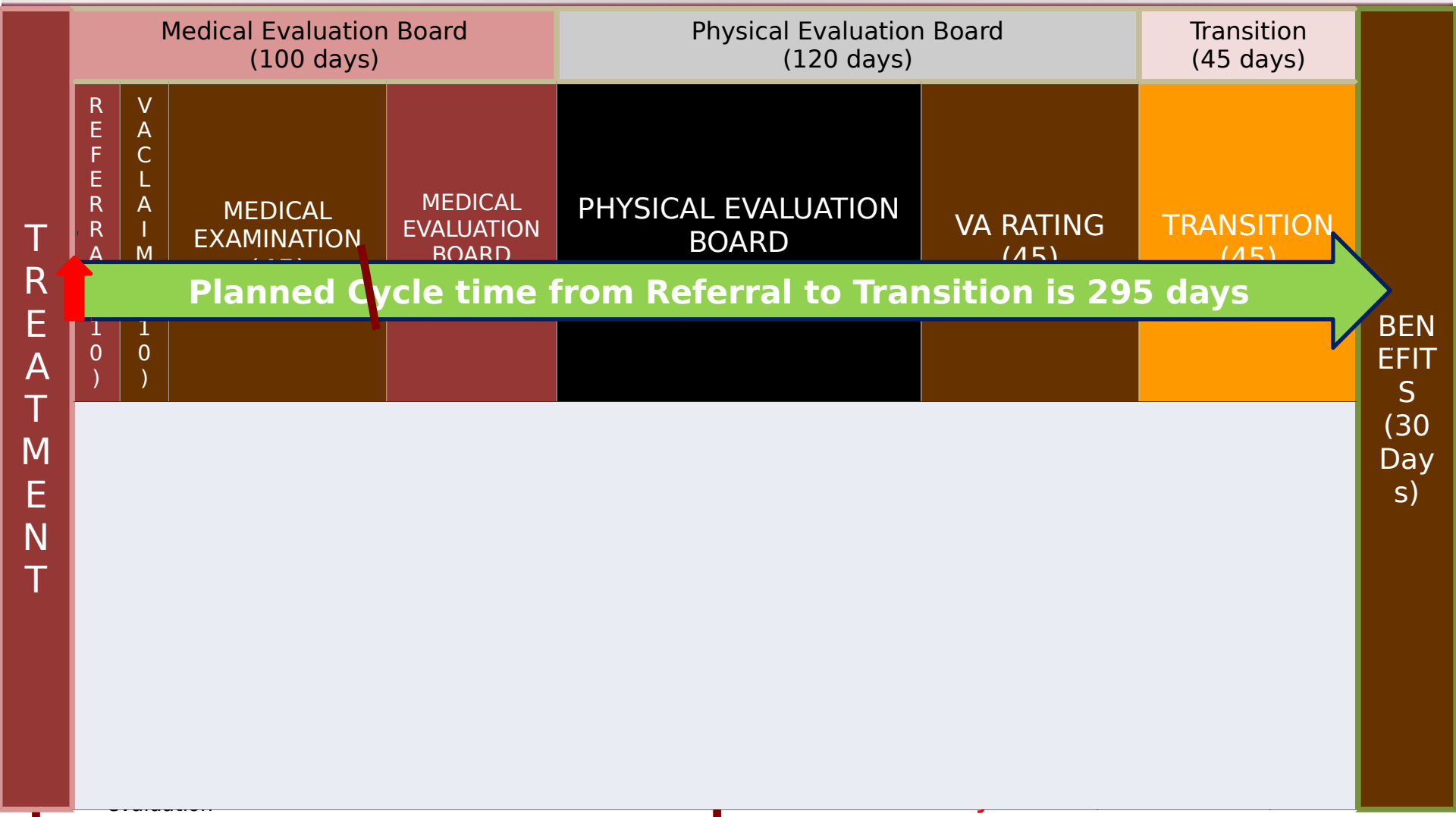
VA Claim form (Part I)

MSC. Major delays may include inability to obtain HREC, SM on leave, and/or entrance exam not available

VA Claim Development (VA)


Medical Evaluation Board
(100 days)
Physical Evaluation Board
(120 days)
Transition
(45 days)
TREATMENT
REFERRAL
VA CLAIM
MEDICAL EXAMINATION
MEDICAL EVALUATION BOARD
PHYSICAL EVALUATION BOARD
VA RATING
TRANSITION
Planned Cycle time from Referral to Transition is 295 days
BENEFITS (30 Days)
VA Claim (VA)
DoD Goal: 10 days
Fort Hood APT: 4 days
cases pending in this phase: 18
ives packet from PEBLO and schedules meet and greet. MSC completes claim form to include referred and claimed conditions and coordinates with VHA to schedule Compensation & Pension (C&P) exam appointments based on all conditions (referred and claimed). Possible delays may include SM not available and incomplete HREC.
MSC
completing VA Claim
for C&P exam

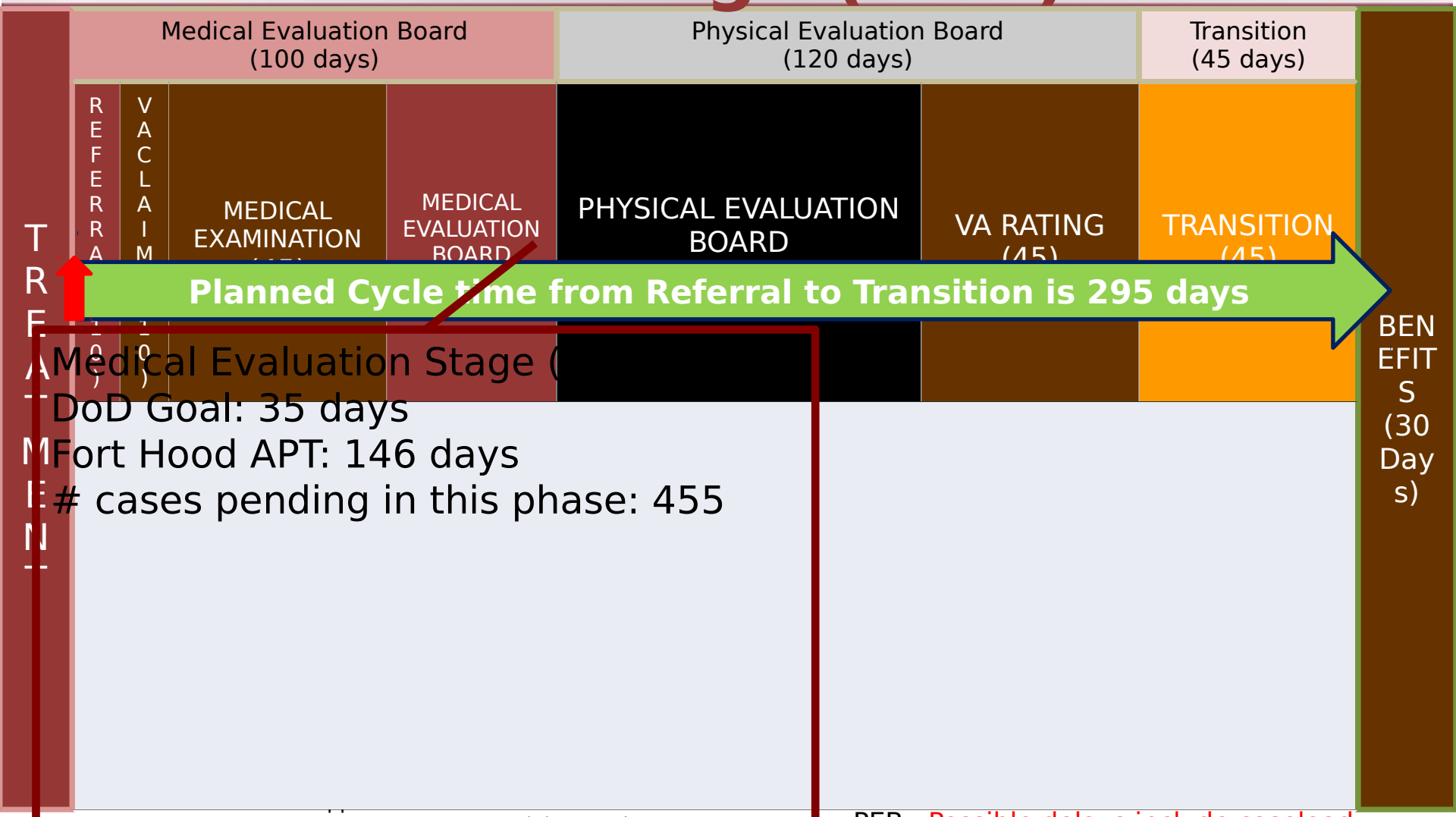
Medical Examination (VA)



for C&P exam

specialty exams required and/or possible addendums or additional testing needed.

Medical Evaluation Board Stage (DoD)



PEB. Possible delays include caseload, provider availability, obtaining external medical records, further treatment required, admin docs (LODs, updated Cdr ltrs),

Physical Evaluation Board (DoD & VA) (1 of 2)

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	Medical Evaluation Board (100 days)			Physical Evaluation Board (120 days)		Transition (45 days)	
TREATMENT	REFERRAL (10)	VACLAIM (10)	MEDICAL EXAMINATION	MEDICAL EVALUATION BOARD	PHYSICAL EVALUATION BOARD	VA RATING (45)	TRANSITION (45)	BENEFITS (30 Days)

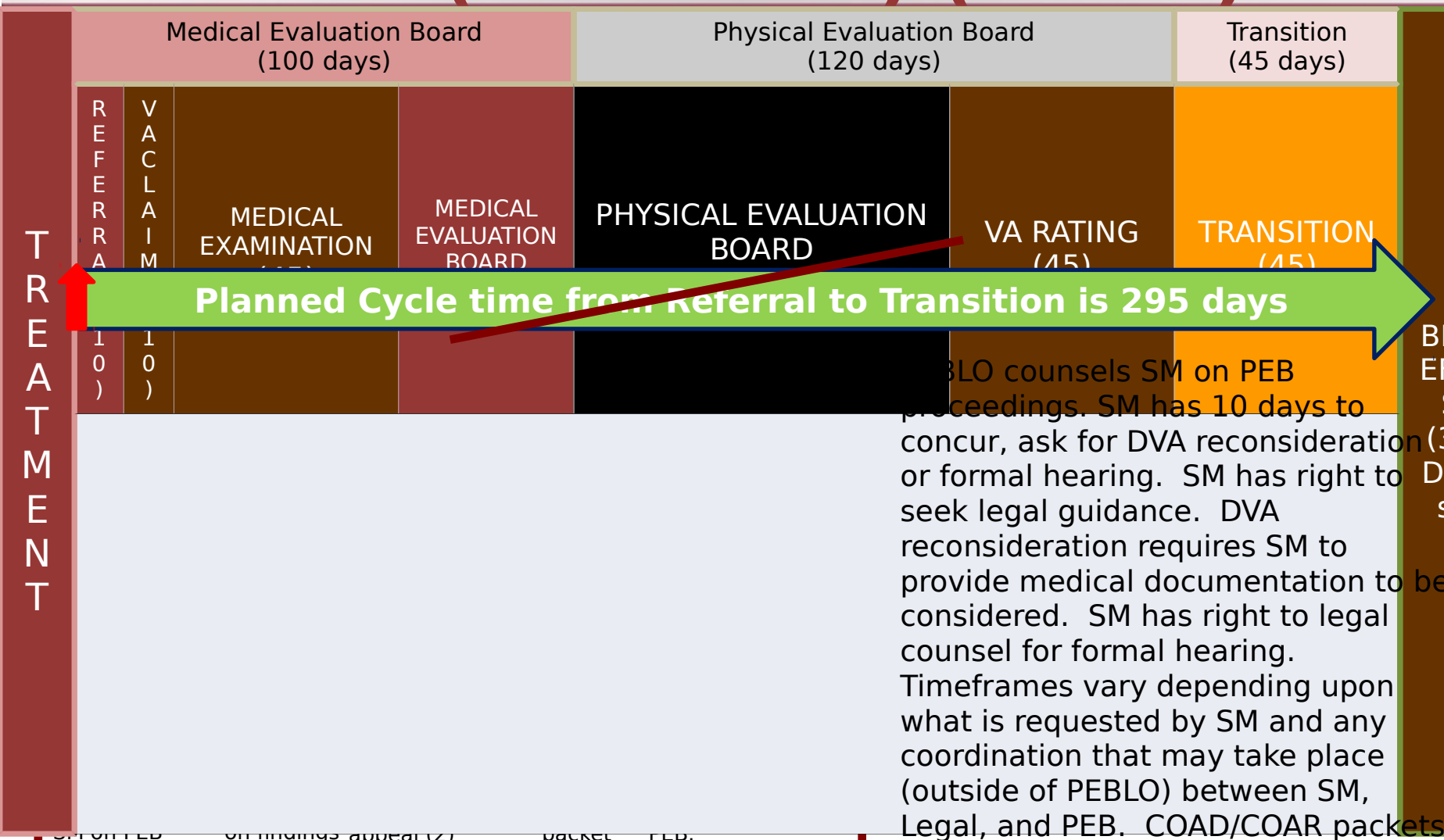
Planned Cycle time from Referral to Transition is 295 days

ratings

forwarded to PEB

BLO forwards the SM's IDES case file to the PEB at Fort Sam Houston Informal Physical Evaluation Board. Fit/Unfit determination is rendered by PEB. Case is forwarded to VA-DRAS in Seattle for ratings. Courtesy copy of this preliminary findings memo is issued to PEBLO. PEBLO notifies SM of preliminary findings. Once DRAS rates the case (both unfit and additional claimed conditions), DRAS returns case to PEB. PEB prepares DA Form 199 PEB Proceedings, routes thru PEB QA provider and President, PEB for review and approval. Once approved, PEB forwards copy of DA Form 199 and proposed VA packet to PEBLO to counsel SM

Physical Evaluation Board (DoD & VA) (2 of 2)



BLO counsels SM on PEB proceedings. SM has 10 days to concur, ask for DVA reconsideration or formal hearing. SM has right to seek legal guidance. DVA reconsideration requires SM to provide medical documentation to be considered. SM has right to legal counsel for formal hearing. Timeframes vary depending upon what is requested by SM and any coordination that may take place (outside of PEBLO) between SM, Legal, and PEB. COAD/COAR packets are submitted to PEB with election. Possible delays include availability of legal counsel, SM trying to gather additional documentation or schedule

Transition Stage

Medical Evaluation Board (100 days)				Physical Evaluation Board (120 days)		Transition (45 days)	
TREATMENT	REFERRAL (10)	VA CLAIM (10)	MEDICAL EXAMINATION	MEDICAL EVALUATION BOARD	PHYSICAL EVALUATION BOARD	VA RATING (45)	TRANSITION (45)	BENEFITS (30 Days)

Planned Cycle time from Referral to Transition is 295 days

SM receives DD 214

SM starts transitional leave

...O gives a copy of the signed DA ... to the VA MSC. MSC schedules a mandatory exit interview with the SM explaining VA rating and benefits. Dependent, financial, and contact information is verified at this interview. Physical Disability Agency approves medical discharge for SM and notifies Ft Hood Transition Center. SM coordinates with Unit and Transition to settle PTDY and transitional leave as well as Orders, clearing papers and DD214. SM responsible for submitting copy of Orders to PEBLO. SM clears installation. Copy of Member 4, DD 214 is given to PEBLO & VA MSC. Delays include unit processing of leave, coordination w/ Transition, attending mandatory outprocessing briefs, submission of Orders

Fort Hood IDES Overview

As of 19 November 12

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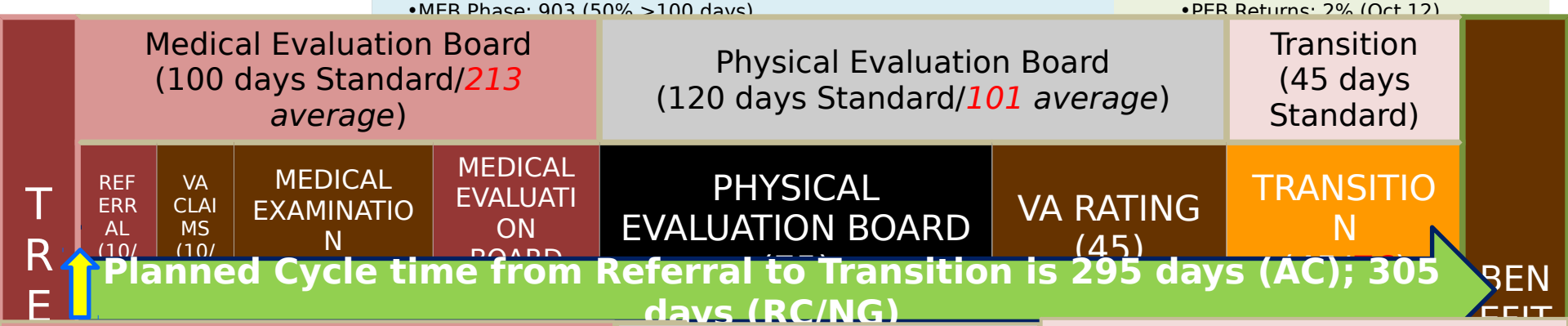
DARNALL ARMY MEDICAL CENTER

Soldier Satisfaction Rate
- CRDAMC 83%
- MEDCOM Standard 80%

Total number of active cases in IDES: 2729 (plus 753 TDRL cases)
- Referral stage: 72
- Claim development: 37
- Medical Exam: 339
- MEB stage: 455
- MEB Phase: 903 (50% >100 days)

Average Processing time (APT)
- APT for overall IDES process: 400days
- IPR: 742/APT 18 days
- Rebuttal: 537/APT 20 days
- PEB Returns: 2% (Oct 12)



MEB Phase Successes
- Complexity-based IDES management
- Transitioning from hard-copy to electronic processing
- 2nd signature authority by MEB Provider
- In-brief increased from once a week to 4
- Implementation of III Corps OPORD 12-05-434 (Implementation of IDES cases over 300days)
- MEB Provider responsible for IPR appts
- Implementation of Annex O
- Legal team coordination for Independent Medical Reviews and Rebuttals

MEB Phase Challenges
- Missing HREC/STR
- SM unavailable (pre-approved LV)
- Missed appointments
- SMEBC resource shortage

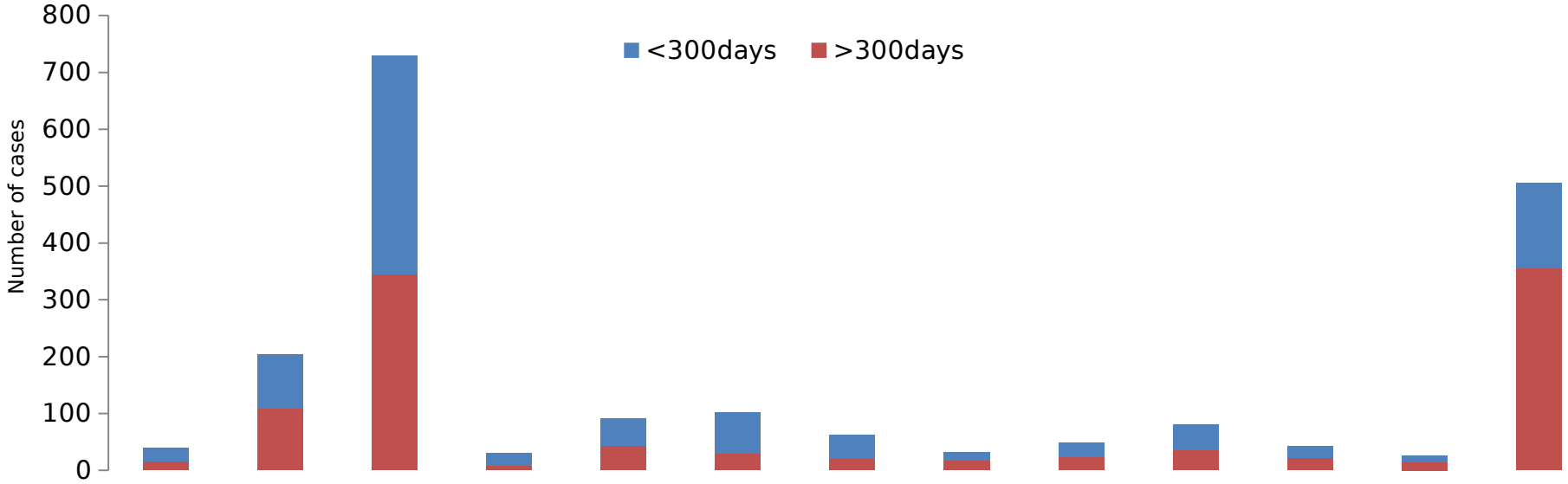
PEB Phase Successes
- MSC selections are experienced Veteran Service Representatives (VSR)

PEB Phase Challenges
- Shortage of staff
- Implementation of ePEB (electronic PEB); PEB is currently utilizing both PDCAPs and ePEB
- Potential individual delays (uncommon)
- Inadequate exam can add up to 60 days
- VA reconsideration can add up to six weeks
- New diagnoses that don't meet retention and require full work-up restarts process w/o

Transition Phase Successes
- Briefs throughout IDES process
- ACAP/TO/Installation Out-processing Center
- Checklist with Command involvement
- Rapport with PEB & PDA to optimize coordination in addressing priority & Command interest cases
- Train at CDR/1SG course

Transition Phase delays
- SMs with large leave balances
- Transitioning Soldiers within 45 days
- Overall timeliness

MSC Metrics



	11SIG	13ESC	1CD	21CAV	36EN	3CR	41FIRES	48CHEM	504BFSB	69ADA	89MP	CRDAMC	WTB
>300days	16	108	345	9	44	30	21	18	24	35	22	14	356
<300days	24	96	385	22	48	73	42	15	25	45	20	11	150
% of total caseload> 300days	40%	53%	47%	29%	48%	29%	33%	55%	49%	44%	52%	56%	66%
Total IDES soldiers	40	204	730	31	92	103	63	33	49	80	42	25	506
Total # of soldiers assigned**	1230	1475	19533	178	4660	4577	1451	725	1503	2314	2414	770	497*

-Does not include USAR, NG, IRR, GAFB, SAFB, CBWTU cases
*only includes those assigned in MEDPROS to WTB Warrior
** Assigned in MEDPROS AO Sep12

Commander's Role

- Need copies of all relevant disciplinary actions
  - DA 268 or DA 4187
  - Updated DA 7652 should also be submitted as applicable
- Administrative Separation – memo regarding status
- Orders – award(s) not annotated on ERB/ORB/PQR
- Line of Duty (LOD), when necessary
  - Unit must initiate immediately
  - Supply complete copy of approved LOD
- COAD/COAR – will require current DA 7652 at end of PEB phase
- Coordinate WTB Nomination Packet – POC is Division Surgeon

Commander's Statement

- Detailed performance data needed
  - Describe actual duties performed & functional abilities
- Don't regurgitate the profile
- Supervisor's letters are helpful
- Avoid "not observed" responses
- Complete each section in its entirety
- Update DA 7652 as requested
- New Commander: find someone who observed the Service Member
- "TBI" section has valuable answers even for non-TBI psych cases

Chain of Command's Role

- Allow Service Members to make all IDES related appointments to include medical as well as ACAP, VA C&P, counsel, SMEBC, and others
- Ensure leave requests have come thru MEB/DES Clinic; encourage leave throughout the process so long as it does not conflict with IDES. This assists with smooth transitioning
- Remind Service Member that MEB/DES Clinic staff is seen by appointment; no walk-ins
- Ensure Service Member has Squad Leader, Platoon Sergeant, 1SG, and Commander full name, email, and contact phone number available at all times. Notify us of updates and changes

MED Tracker

DATE REFERRAL RECEIVED	NAME	SSN	CONSULT	PROFILE	DATE TO CLINIC CHIEF	Referral approved: Start MRDP	BRIEF DATE	CASE COORDINATOR	UIC	COMMENTS
22-Sep-11	PARKS, REGINA	XXX-XX-1234	X	X	22-Sep-11	YES	11-Oct-11	BOWLES	WFNXAA	
23-Sep-11	PALMER, LILLIAN	XXX-XX-5678	X	X	23-Sep-11	YES	11-Oct-11	BOWLES	WDSYAD	
23-Sep-11	STOUTE, BONITA	XXX-XX-9876	X	X	23-Sep-11	YES	T	BOWLES	WJKTHD	10/01: Per LTC Chitwood-referral is terminated; SM is pending surgery

- Consult via CHCS
- eProfile via MODS
- Added to MED Tracker

- Referral approved by MEB Approving Authority
- SM scheduled for IDES Brief
- Assigned Case Coordinator
- SM in-processes before Brief date

- Track SM on MED tracker
- Forward all inquiries & questions through DIV POC: MAJ Lewis, DSO
- Ensure SM is available for all appointment
- After IDES Brief SM is tracked through weekly report

Weekly unit reports

Name	SSN	Referral Date *(MEB Phase-PEBLO)*	VA Claim Date *(MEB Phase-PEBLO)*	Medical Examination Date *(MEB Phase-VA)*	NARSUM dictated Date *(MEB Phase-PEBLO)*	IMR request date *(MEB Phase-PEBLO)*	IMR end date *(MEB Phase-PEBLO)*	Rebuttal request date *(MEB Phase-PEBLO)*	Rebuttal end date *(MEB Phase-PEBLO)*	MEB Packet sent to PEB *(MEB Phase-PEBLO)*	PEB decision date *(PEB Phase-DoD)*	VA Rating End date *(PEB Phase-VA)*	PEB sends final findings to PEBLO *(PEB Phase-DoD)*	SM counseled on PEB findings *(PEB Phase-PEBLO)*	SM makes election *(PEB Phase-PEBLO)*	PDA adjudicates case *(PEB Phase-PDA)*	Transition Phase *(Transition Phase-VA)*	VA Benefits date *(Reintegration Phase-VA)*	PEBLO	DIV	BDE	Unit
		30-Aug-11	8-Sep-11	18-Oct-11	3-Jan-12					13-Mar-12	20-Mar-12								FISHER ROGER ANTHONY	1CD	2 BCT	1-5CAV/HHC
		7-Nov-11	2-Dec-11	30-Jan-12															PRICE JACQUELINE RENEE	1CD	2 BCT	2BSTB/HHC
		25-May-11	1-Jun-11	6-Jul-11	3-Aug-11					28-Nov-11	14-Dec-11	17-Jan-12	26-Mar-12	27-Mar-12	27-Mar-12				CANTY WAYNE ALLEN	1CD	2 BCT	2BSTB/C
		25-May-11	2-Jun-11	27-Jun-11															JONES BARBARA FRANCES	1CD	2 BCT	1-5CAV/HHC
		27-Jan-12	10-Feb-12																PERKINS BELINDA MARIE	1CD	2 BCT	2BSTB/HHC

Tracks IDES case throughout entire process (DoD, VA, PEB, DRAS, PDA)
Date in column indicates SM has completed that particular stage
POC: DSO
Green: MEB Phase
Purple: PEB Phase
Orange: Transition Phase
Blue: Reintegration Phase

MMC/IDES Teams

Army (DIV West)	Taskforce: FT DWHOOD	
	Debra Pugh	(254) 466-1561
Coordinators	Reneé Mares	(254) 379-5952
PEBLO	Terry Boles	(254) 553-2460
urgeon	LTC Moon	Christopher.Moon@AMEDD.army.mil
SC	Taskforce: HOOD13SUST	
	Debra Pugh	(254) 553-2300
Coordinators	Sara Ross	(254) 379-4397
PEBLO	Erika Grier	(254) 285-6525
urgeon	CPT Daniels	rajesh.k.daniels.mil@mail.mil
A	Taskforce: HOOD 85 CA	
	Debra Pugh	(254) 466-1561
Coordinators	Reneé Mares	(254) 379-5952
PEBLO	Harvey Holt	(254) 553-2066
urgeon	MAJ Longmire	Romarius.Longmire@AMEDD.army.mil
S	Taskforce: HOOD48TBBN & HOOD553BN	
	Debra Pugh	(254) 466-1561
Coordinators	Shirley Thomas	(254) 553-8472
PEBLO	Erika Grier	(254) 285-6525
urgeon	CPT Daniels	rajesh.k.daniels.mil@mail.mil
IRES	Taskforce: 1CD FIRES	
	Angela Powell Lewis	(254) 535-4233
Coordinators	Melissa Padilla	(254) 379-4075
PEBLO	Harvey Holt	(254) 553-8215
urgeon	CPT C. Farabaugh	christopher.farabaugh@amedd.army.mil
IG	Taskforce: HOOD11SIG	
	Karen Gilchrist	(254) 251-8724
Coordinators	TBD	(254) 379-5648
PEBLO	Roger Fisher	(254) 288-4312
urgeon	N/A	No Medical Assets
IP	Taskforce: HOOD89MP	
	Karen Gilchrist	(254) 251-8724
Coordinators	Dorothy Olsen	(254) 379-4266
PEBLO	Harvey Holt	(254) 553-2066
urgeon	CPT Armando Burguete	armando.burguete.mil@mail.mil
BFSB	Taskforce: HOOD504MI	
	Karen Gilchrist	(254) 251-8724
Coordinators	Lynna Gritzfeld	(254) 338-6484
PEBLO	Harvey Holt	(254) 553-2066
urgeon	Cpt Dellavalle	Lindsay.dellavalle@us.army.mil
Chem	Taskforce: MMC48CHEM	
	Debra Pugh	(254) 553-2300
Coordinators	Ms. Reneé Mares	(254) 553-8473
PEBLO	Marcella Griffin	(254) 288-4314
urgeon	CPT Brooks	John.A.Brooks@AMEDD.army.mil
N	Taskforce: 1CD DSTB	
	Nancy Novakoski	254-338-6460
Coordinators	Nakita Williams	(o) 288-5021
PEBLO	Thomas Guzman	(254)286-6520
urgeon	CPT DelaVega	Michael.DelaVega@amedd.army.mil

3 CR	Taskforce: 3 ACR	
MMC	Alice Craft-Kerney	(254) 338-4884
Care Coordinators	Betty Smith	(254) 258-5668
Lead PEBLO	Shaunese Walker	(254) 285-6525
Bde Surgeon	MAJ Leah Kernan	leah.kernan@us.army.mil
36 ENG	Taskforce: HOOD36ENG	
MMC	Alice Craft-Kerney	(254) 338-4884
Care Coordinators	TBD	(254) 379-5498
Lead PEBLO	Lillian Palmer	(254) 286-7390
Bde Surgeon	CPT Kevin Schlicksup	kevin.schlicksup@amedd.army.mil
21 CAV	Taskforce: MMC21CAB	
MMC	Alice Craft-Kerney	(254) 338-4884
Care Coordinators	TBD	(806) 584-4409
Lead PEBLO	Marcella Griffin	(254) 288-4314
Bde Surgeon	SGT Thomas Cabral	thomas.cabral@us.army.mil
1 ACB	Taskforce: 1 CD AVN	
MMC	Angela Powell Lewis	(254) 535-4233
Care Coordinators	TBD	(254) 379-4199
Lead PEBLO	Shaunese Walker	BB- (254) 768-6909
Bde Surgeon	MAJ M. Federico	massimo.federico@amedd.army.mil
1 BCT	Taskforce: 1CD 1 BDE	
MMC	Nancy Novakoski	(254) 338-6460
Care Coordinators	Brend Upsher	(254) 379-5952
Lead PEBLO	Sharlenne Lindsay	(254) 286-7172
Bde Surgeon	CPT Stephen Carroll	Stephen.m.carroll20.mil@us.army.mil
2 BCT	Taskforce: 1CD 2 BDE	
MMC	Nancy Novakoski	(254) 338-6460
Care Coordinators	Sabrina Giles	(254) 251-1017
Lead PEBLO	Roger Fisher	(254) 288-4312
Bde Surgeon	CPT Cody Mead	Cody.Mead@amedd.army.mil
3 BCT	Taskforce: 1CD 3 BDE	
MMC	Nancy Novakoski	(254) 338-6460
Care Coordinators	Sheron Clark	(254) 466-1740
Lead PEBLO	Terry Boles	(254) 553-2460
Bde Surgeon	MAJ Rachael Dawson	rachael.dawson@us.army.mil
4 BCT	Taskforce: 4 BCT REAR	
MMC	Angela Powell Lewis	(254) 535-4233
Care Coordinators	Cicely Fortson	(254) 379-4027
Lead PEBLO	Thomas Guzman	(254) 553-8214
Bde Surgeon (Rear)	CPT R. Helm	robert.s.helm@us.army.mil
69th ADA (MMC support forthcoming)	Taskforce:	
MMC	TBD	TBD
Care Coordinators	TBD	TBD
Lead PEBLO	Lillian Palmer	(254) 286-7390
Bde Surgeon		
79th EOD	Taskforce: MMC79EOD	
MMC	Debra Pugh	(254) 466-1561
Care Coordinators	Ms. Reneé Mares	(254) 379-5952
Lead PEBLO		
Bde Surgeon	CPT Brooks	John.A.Brooks@AMEDD.army.mil

Way Ahead

- Continued integration of PEBLO alignment with BDEs in support of Battalion level IDES Case Reviews (ICS) and Profile Review Boards (PRB)

- Provider aligned with Brigades & PEBLO teams

- Recurrent campaign to push maximum number of potential cases to PEB

- Second Complexity-based IDES Management team

- Fort Hood IDES Playbook – standardize internal processes to maximum efficiency

IDES is a TEAM Sport

- Strong and involved Leadership to create an Environment for Success
  - Knowledge and emphasis on process adherence
    - Roles, Responsibilities, and Accountability

- Communication between all stakeholders
  - PEBLOs and MSCs
  - VA examiners and MTF MEB physicians
  - Service Member and Provider
  - PEBs and DRAS
  - Providers and Commanders
  - MEB/DES Clinic and Unit CoCs
  - Service Member and Unit

- No one entity ensures success or causes failure
  - The IDES Team includes YOU!
  - Physicians, Patient Administration, Parent Commands, VHA and VBA
  - all of our partners

Tools of the Trade

Electronic Profile (E-Profile):
https://medpros.mods.army.mil/eProfile/Public/Register.aspx

Medical Protection System (MEDPROS):
https://medpros.mods.army.mil/MEDPROSNew

U.S. Army Physical Disability Agency Website:
https://www.hrc.army.mil/site/active/tagd/pda/ArmyPDES.html

Department of Veterans Affairs:
www.vetcenter.va.gov

My MEB/My PEB accessed through AKO:
https://www.us.army.mil/suite/designer

For more information IDES visit the U.S. Medical Command Patient Administration Website: https://pad.amedd.army.mil/meb.html

Questions